

# Five-Generation Ancestor Chart

#1 on this chart is the same as

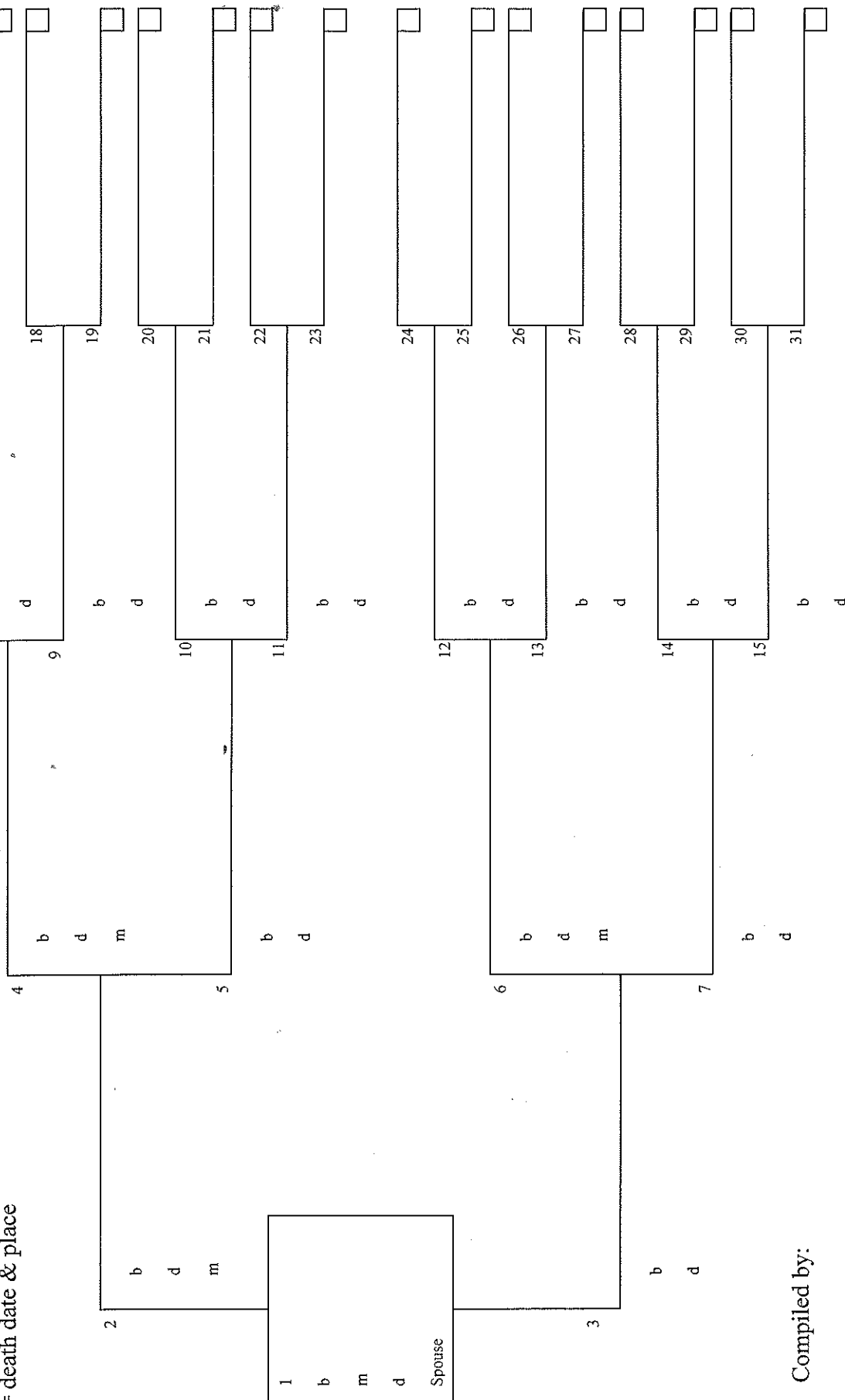
# \_\_\_\_\_ on chart # \_\_\_\_\_

See  
Chart #

b= birth date & place

m= marriage date & place

d= death date & place



Compiled by:

Name \_\_\_\_\_

Date \_\_\_\_\_

## Your Family Medical History

Please give us specific information about each family member who is a blood relative. If a family member is adopted, please let us know. Under "Health Conditions" please list all the conditions you included in page one.

Relatives	Name (optional)	Year Of Birth	Health Conditions? List as many as possible. If you know the age that the problem began, please put it after the condition. For example: lung cancer (67)	If Living		If Deceased
				Age at Death	Cause of Death	
Your Father						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Brother / Sister (circle one)						
Father's Father						
Father's Mother						
Your Mother						
Mother's Brother / Sister (circle one)						
Mother's Brother / Sister (circle one)						
Mother's Brother / Sister (circle one)						
Mother's Brother / Sister (circle one)						
Mother's Brother / Sister (circle one)						

Relatives		(optional) Name	Year Of Birth	Health Conditions? List as many as possible. If you know the age that the problem began, please put it after the condition. For example: lung cancer (67)	Age at Death	Cause of Death
If Living		If Deceased				
Mother's Brother / Sister (circle one)						
Mother's Father						
Mother's Mother						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Brother / Sister (circle one) Full or Half (circle one)						
Your Son/Daughter (circle one)						
Your Son/Daughter (circle one)						
Your Son/Daughter (circle one)						
Your Son/Daughter (circle one)						
Your Son/Daughter (circle one)						
Your Partner in having children 1 to _____						
Your Partner in having children _____ to _____						
Your Partner in having children _____ to _____						

Relatives		Name (optional)	Year Of Birth	Health Conditions? List as many as possible. If you know the age that the problem began, please put it after the condition. For example: lung cancer (67)	Age at Death	Cause of Death
<p><b>ETHNIC HERITAGE:</b> Mark each of the ethnic groups that are part of your family background. You may choose more than one. For example, were your parents, grandparents, or great-grandparents:</p> <p> <input type="checkbox"/> American Indian/ Native American  <input type="checkbox"/> African-American or African?  <input type="checkbox"/> Northern European or White?  <input type="checkbox"/> Hispanic, Latin American?  <input type="checkbox"/> Mediterranean (from Spain, Portugal, Southern Italy, Turkey, Greece, Middle East, North Africa)  <input type="checkbox"/> Jewish?  <input type="checkbox"/> Amish or Mennonite?  <input type="checkbox"/> Pacific Islander?  <input type="checkbox"/> Asian?                 </p>						
<p>List other household members and relationships to you:</p>						
If Living			If Deceased			